

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	1/20/01
FORMALITY REVIEW	L. P. H. a	5-851	02-12-01
RESPONSE FORMALITY REVIEW	fu	907	5-24-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/22/04
2	✓	✓	9/22/04
3	✓	✓	9/22/04
4	✓	✓	9/22/04
5	✓	✓	9/22/04
6	✓	✓	9/22/04
7	✓	✓	9/22/04
8	✓	✓	9/22/04
9	✓	✓	9/22/04
10	✓	✓	9/22/04
11	✓	✓	9/22/04
12	✓	✓	9/22/04
13	✓	✓	9/22/04
14	✓	✓	9/22/04
15	✓	✓	9/22/04
16	✓	✓	9/22/04
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here